

Team Evaluation Summary Report and Prior Notice of Eligibility Determination: Orthopedic Impairment

Student _____ Date of meeting _____

School _____ Grade _____ DOB _____

Definition: A severe orthopedic impairment that adversely affects a student's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

☐ **Medical history from qualified health professional is attached.**

Assessment Information for Classification:

1. Academic Functioning (test or method/date/results)

2. Adaptive Assessment (test or method/date/results)

3. Behavioral Assessment (test or method/date/results)

4. Physical Functioning

5. Information from Parents

- Is a lack of instruction in reading or math the primary factor in determining eligibility? ☐ Yes ☐ No
- Is limited English proficiency the primary factor in determining eligibility? ☐ Yes ☐ No

Parent Prior Notice for Eligibility Determination

The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the evaluation data, the multidisciplinary team proposes the following action:

- ☐ This student has the educational classification of Orthopedic Impairment, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires specialized instruction.
- ☐ This student does **not** have the educational classification of Orthopedic Impairment, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require specialized instruction.

Special Education Teacher Signature Date

Parent Signature (signature acknowledges receipt of copy) Date

Signature Date

Signature Date

*Note: If parent signature is missing, check below:

- ☐ Did not attend (document efforts to involve parent)
- ☐ Copy of this document mailed to parent on (date) _____

☐ Participated via telephone, video conference or other means